



**REQUEST FOR MODIFICATION: Name Change**  
INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT

**Grantee Information**

Grant Number: \_\_\_\_\_ Requested Date for Change: \_\_\_\_\_

Grantee Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Current**

1. Employer Name: \_\_\_\_\_

2. FEIN: \_\_\_\_\_

3. Grant Administrator: \_\_\_\_\_  
(Applicable to consortium grants.)

**New**

1. Employer Name: \_\_\_\_\_

2. FEIN: \_\_\_\_\_

3. Grant Administrator: \_\_\_\_\_  
(Applicable to consortium grants.)

**Reasons for Change:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Send To:**

ATTN: Market Development  
Indiana Department of Workforce Development  
10 N. Senate Avenue, SE205  
Indianapolis, IN 46204-2277

**For Any Inquires Contact:**

Brett Wineinger  
Email: [Bwineinger@dwd.in.gov](mailto:Bwineinger@dwd.in.gov)  
Phone: 317-233-5514  
Fax: 317-232-1821

**Applicant Authorization:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Internal Use Only**

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_